

BAY AREA REGION

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

"COBRA"**RATES FOR JANUARY 1, 2011 TO DECEMBER 31, 2011**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
102	Blue Shield HMO	\$689.02	\$1,378.04	\$1,791.46
124	Blue Shield HPN*	\$592.86	\$1,185.73	\$1,541.44
104	Kaiser	\$580.37	\$1,160.74	\$1,508.96
106	PERS Choice	\$574.67	\$1,149.34	\$1,494.14
126	PERS Select*	\$502.53	\$1,005.07	\$1,306.59
122	PERSCare	\$911.83	\$1,823.66	\$2,370.76
207	PORAC	\$537.54	\$1,006.74	\$1,279.08
* Blue Shield NetValue and PERS Select are high performance physician network plans				

OTHER NORTHERN CALIFORNIA REGION

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa,
Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra,
Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

"COBRA"

RATES FOR JANUARY 1, 2011 TO DECEMBER 31, 2011

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-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
303	Blue Shield HMO	\$699.38	\$1,398.77	\$1,818.39
307	Kaiser	\$585.81	\$1,171.61	\$1,523.09
322	PERS Choice	\$559.76	\$1,119.51	\$1,455.37
053	PERS Select*	\$489.50	\$979.00	\$1,272.69
327	PERSCare	\$888.18	\$1,776.35	\$2,309.26
207	PORAC	\$537.54	\$1,006.74	\$1,279.08
* PERS Select is a high performance physician network plan				

LOS ANGELES AREA REGION

Los Angeles, San Bernardino, Ventura

"COBRA"**RATES FOR JANUARY 1, 2011 TO DECEMBER 31, 2011**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
302	Blue Shield HMO	\$506.87	\$1,013.74	\$1,317.86
144	Blue Shield Advantage	\$506.87	\$1,013.74	\$1,317.86
062	Blue Shield HPN*	\$436.13	\$872.26	\$1,133.94
145	Blue Shield NetValue Advantage	\$436.13	\$872.26	\$1,133.94
306	Kaiser	\$442.68	\$885.36	\$1,150.97
321	PERS Choice	\$506.07	\$1,012.15	\$1,315.79
080	PERS Select*	\$442.55	\$885.09	\$1,150.62
326	PERSCare	\$802.98	\$1,605.97	\$2,087.76
207	PORAC	\$537.54	\$1,006.74	\$1,279.08
* Blue Shield NetValue and PERS Select are high performance physician network plans				

OTHER SOUTHERN CALIFORNIA REGION

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego,
San Luis Obispo, Santa Barbara, Tulare

"COBRA"**RATES FOR JANUARY 1, 2011 TO DECEMBER 31, 2011**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
304	Blue Shield HMO	\$579.23	\$1,158.45	\$1,505.99
142	Blue Shield Advantage	\$579.23	\$1,158.45	\$1,505.99
064	Blue Shield HPN*	\$498.39	\$996.78	\$1,295.82
143	Blue Shield NetValue Advantage	\$498.39	\$996.78	\$1,295.82
308	Kaiser	\$487.51	\$975.02	\$1,267.52
323	PERS Choice	\$526.61	\$1,053.21	\$1,369.18
082	PERS Select*	\$460.51	\$921.02	\$1,197.33
328	PERSCare	\$835.56	\$1,671.13	\$2,172.47
207	PORAC	\$537.54	\$1,006.74	\$1,279.08
* Blue Shield NetValue and PERS Select are high performance physician network plans				

SACRAMENTO AREA REGION

El Dorado, Placer, Sacramento

"COBRA"**RATES FOR JANUARY 1, 2011 TO DECEMBER 31, 2011**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
101	Blue Shield HMO	\$621.32	\$1,242.65	\$1,615.44
123	Blue Shield HPN*	\$552.26	\$1,104.52	\$1,435.87
103	Kaiser	\$535.00	\$1,070.00	\$1,391.00
105	PERS Choice	\$534.52	\$1,069.04	\$1,389.75
125	PERS Select*	\$467.44	\$934.87	\$1,215.33
121	PERSCare	\$848.13	\$1,696.26	\$2,205.14
207	PORAC	\$537.54	\$1,006.74	\$1,279.08

* Blue Shield NetValue and PERS Select are high performance physician network plans

**OUT OF STATE REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2011 TO DECEMBER 31, 2011**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
**	Kaiser Out-of-State	\$800.99	\$1,601.97	\$2,082.56
324	PERS Choice	\$649.71	\$1,299.42	\$1,689.24
329	PERSCare	\$1,030.89	\$2,061.79	\$2,680.33
207	PORAC	\$537.54	\$1,006.74	\$1,279.08
**	These premiums cover all Kaiser out-of-state areas.			